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CONSTITUENCY BUILDING REPORT

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Following a management training workshop on Constituency Building in November, 1982, the Department of Public Health asked Regina Villa and Tony Hatch to undertake a "constituency building" project, focusing on three divisions of the department. The project started December 1, 1982 and was completed May 17, 1983. The three divisions selected were, in chronological order of study: Prevention, Health Care Quality and Food and Drugs.

For each of the divisions the initial procedures were the same; we met with the various division directors and explained the purpose of the project and scheduled time for interviews with key divisional personnel. Tony Hatch met briefly with program directors, assistant directors, inspectors, and administrative assistants. The interviews were used in conjunction with written materials, if available, to compile a report on current divisional procedure and relationships with the media, the legislative, local health and elected officials, and other relevant constituency groups. A worksheet was constructed to aid in interviews.

With the information gathered, a report describing the division, its activities, and its present constituency was written. After this report was distributed to Petra Langer, Delia O'Connor, and the

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relevant division director and Assistant Commissioner, a meeting was held with that group to assess the report.

The report was used to familiarize us with the division, including both its aims and its present shape. We then worked with the division director and the interviewed personnel to help develop stronger constituency building methods. A follow-up meeting reviewed our findings and recommendations with the division director.

This was the pattern of all three divisional studies, which went on simultaneously, in a sort of "leap frog" fashion. Prevention was tackled first. Prevention has five separate and distinct programs (and Program heads), each with their own problems and solutions. Division Director Shelly Barr sees the division's role as that of a provider of technical assistance and information. The five major programs that do this are: the Mass. Nutrition Resource Center, Comprehensive Community Hypertension Control, Child Passenger Safety Resource Center, Public Employee Health, and Women's Health Initiatives. To coordinate the necessary public relations and information dissemination for such a wide variety of programs, a Media Resource Center is being created. After our initial report was discussed, we met with the individual program heads and offered constituency building suggestions ranging from a systemized phone log to increased relations with non-department health groups. A final list of recommendations for the division as a whole was drawn up and discussed (see attached).



Health Care Quality was the next division studied. We interviewed Director Irene McManus and her three Assistant Directors. Policy Analysis, headed by Kathleen Connelly, develops standards and regulations for state run and state monitored facilities, as well as carrying out the division's DON analysis. Survey Operations, run by Marilyn Gallivan, performs all field assessments of health care providers, and performs patient assessment for the approximately 35,000 Medicaid patients in Massachusetts. The latter task is federally mandated. Compliance, headed by David Roush, serves as the division's "police arm," prioritizing and handling complaints and emergencies, and aiding the Survey staff in skills development.

Health Care Quality has been a demoralized division, and image and constituency building has proven to be difficult in the past. There is a general feeling, enhanced by the nursing home industry's complaints, that the division's inspectors are mere bureaucrats who check facilities for chipped paint rather than performing a key role in safeguarding the client. Other allied groups are more visible and thus get more publicity, such as the Attorney General's office. These other groups rely on the division's work and then receive the credit (and the constituency support). Health Care Quality also feels that it is respected nationally but not locally, within the department itself.

It was universally agreed by the group that reviewed the initial report that the division needed to increase its prestige, image, and public awareness. Among the specific suggestions were the development of a Policy Analysis Advisory Board, a Newsletter





discussing new federal and state regulations and their impact, and increased relationships with local health officials and the Mass Health Officers Association. We stressed the need for a comprehensive list of all agencies and groups that interact with the division. Positive division action should be stressed in press activity. Public Service Announcements were recommended, with a consumer phone number for compliance. It was also felt that if the Attorney General's office was made aware of the problem, they would cooperate in sharing the publicity (see attached recommendation).

The Division of Food and Drugs was the third division to be studied. An initial meeting was held with Nancy Ridley, the director, her assistant director, Richard Waskiewicz, her administrative assistant, Mark Meador, and Emma Stokes. We interviewed those people personally, as well as the Chief Inspector, John O'Brien and the program heads, known as Supervisors. These were Bill Kearney (Drugs), Bill Dorgan (Milk and Seafood), John Farrell (General Food Safety), Bill Babineau (Consumer Product Safety), and Mike Wayne (Amherst Office). The division is required to play a variety of roles, and it interacts with many different groups, agencies, and portions of the public. This serves both as a benefit and a problem, because the very number and variety of groups makes interaction clumsy and requires extensive lists and logs to be used.

This division is also slightly troubled, for it is in the process of reorganization after years of poor leadership and is





still in a state of flux. In an effort to build up a stronger and broader constituency, efforts to increase the division's relationship with local health officials have been undertaken. The division has recently bought a tape information system for telephone information. There is a perceived need for media training for division personnel, and to initiate press releases, and a newsletter (see attached recommendations).

All three of the divisions studied have particular constituency building problems. Prevention is relatively new, and has five separate broad-based programs, without a general population to serve directly. Much of its work deals with public education and information. Health Care Quality needs to better its public relations to help build up its constituency, in light of neglect and industry-supported stereotyping. Food and Drug also has had morale problems, is undergoing massive restructuring, and has problems defining its image due to the wide scope of its work. All three have been studied with regard to increasing constituency strength and public (and professional) awareness. Information dissemination, public relations, and constituency building have often been dismissed as "relatively unimportant;" however, based on study of these three divisions, it is clear that such work would greatly increase morale and effectiveness.

Implementation of the recommendations made has started for the three divisions selected. This project has illustrated the need for a strong centrally coordinated public information and constituency building program in the central office of DPH. Public



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education and information should be a primary product of the Department of Public Health. In many years, the Department has enjoyed a favorable reputation, so there has not been a consistent marketing strategy developed around agency programs.

In these days of limited resources, federal block grants and diminishing federal support, it has become a necessity to professionally market DPH programs and build support around them. It means that professional staff must be in place to coordinate and implement an agency wide marketing strategy. We believe that this project is the beginning of the development of such a strategy and that it can be coordinated centrally with minimum addition of support staff. It is important that the leadership of the Department of Public Health acknowledge the necessity for such a strategy and give it high priority.



# *Regina Villa, Associates*

## CONSTITUENCY BUILDING PROJECT DEPARTMENT OF PUBLIC HEALTH

### PREVENTION RECOMMENDATIONS

1. Reactivation and definition of the Task Force on Prevention.
2. Definition of the Media Resource Center and its functions so that program directors are clear on its purpose and can access it.
3. Utilization of Boards of Health either state wide (association) or locally for communication and cooperation in achieving the goals in the Prevention division.
4. Development of a "Prevention" newsletter for both internal and external distribution.
5. Institutionalization of central mailing list that is kept up to date. Should be assigned to one consistent person.
6. Definition of public information goals of the division and close communication with the Public Information Director of the Department to assure continuity.
7. Specific program suggestions
  - A. All programs submit constituency lists to the division for central compilation. Lists at program level should be kept current and accurate with one person accountable.
  - B. One person in each program should be designated to coordinate constituency building efforts.
  - C. Establishment of a simple logging system for important requests for information, i.e. legislators, press, associations etc. (both written and phone)
  - D. Cultivation of appropriate support groups for each program area, i.e. councils on aging, statewide Firefighters, District Attorneys etc, as appropriate





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## HEALTH CARE QUALITY

Mass. Dept. of Public Health

### CONSTITUENCY BUILDING PROJECT RECOMMENDATIONS

1. Launching of a campaign that will interpret the role of Health Care Quality to the public, emphasizing the necessity of HCQ for patient protection.
2. Use of Public Service Announcements that feature Survey Information and Compliance assisting the elderly.
3. Development of a Division wide newsletter that would highlight the work of the three sub-divisions and also include news of personel.
4. Continuation of information on HCQ in the FORUM such as article in Jan.-Feb. issue.
5. Establishment of accurate and complete lists by the program areas in HCQ that will include all Advisory Groups, Press, support groups, those regulated, personel etc.
6. The initiation of a telephone training program for all of those who respond to the public and the industries for information.
7. Development of a closer working relationship with the Attorney General's office so that favorable publicity might be shared.
8. Trial run of some kind of a simple logging system of requests for information that could be screened by the public information staff person to note trends, users of information etc.
8. Close integration of the campaign to improve the public perception of HCQ and the public information function within the division with the Public Information staff in the central office.



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## CONSTITUENCY BUILDING PROJECT - FOOD AND DRUG

### Recommendations

1. Food and Drug Newslwtter should be developed both for internal and external use.
2. A simple logging system should be developed for all important requests for information. All press and legislator requests should be monitored.
3. Assign one person to coordinate educative press efforts (press releases, radio spots etc.) with Petra Langer and the program directors.
4. Expand training efforts to Boards of Health as well as continuing working with the Health Agents.
5. Investigate and evaluate the taped phone information system with the goal of expansion of the system to include press use.
6. Have all programs prepare lists of present advisory boards, present constituents (even if adversarial) and potential constituents. Newsletter brochures, press releases etc. can be aimed at these groups.
7. Develop a system to handle the many "emergency" press crisis that this division will always have. Strategy can include taped statements on a hot line, regularly scheduled press conferences, evaluation of weight of media requests etc.

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